Q&A from 4/16/26 OSHA training

Below are my best answers to the questions that the attendees had following our recent OSHA training. I've listed the questions again as a reminder.

1. *An attendee commented that an OSHA inspector stated that the requirement to have some form of a Tuberculosis (TB) policy and procedure is no longer a requirement. Is this true?*

    a. Not exactly. No single OSHA rule states "you must have a TB policy." But you're expected to have **written** procedures addressing TB exposure and not having one could lead to citations under the General Duty Clause. Under the General Duty Clause, employers must provide a workplace free from recognized hazards, and TB is a recognized hazard. While CDC guidance regarding TB prevention in healthcare isn't law, it's been cited by OSHA for violations under the General Duty Clause or the Respiratory Standard. OSHA's expectations are that the employer is aligned with the CDC guidelines for preventing the transmission of TB in healthcare settings and has been known to cite employers if they ignore these widely accepted practices. You can find the 2005 CDC Guidelines here, and the 2019 update regarding TB recommendations here.

    b. TB Testing - According to the CDC guidelines, every healthcare worker is required to have a baseline screening upon hire. This should include an individual TB risk assessment, TB symptom evaluation, and TB test. The TB test should be either an interferon-gamma release assay (IGRA), or tuberculin skin test (TST). For those that used the purified protein derivative (PPD) test, that's the same thing as TST. OSHA uses the term TST instead of PPD, but they are both referring to the same test. For those that are using the gold test, that is an IGRA test so it's also compliant. These tests should be provided to the employee at no cost. Fortunately, routine annual TB testing is no longer recommended as of 2019 unless there is an exposure or ongoing transmission.

    c. In 2019, the CDC updated their 2005 Guidelines to address screening, testing, and treatment of U.S. healthcare personnel alongside the National Tuberculosis Controllers Association. Again, this is the CDC and not OSHA, and they are recommendations, not requirements. But as stated previously, OSHA has cited the CDC guidelines before under the General Duty Clause when issuing citations to employers and expects employers to be aligned with the CDC guidelines as they are considered widely accepted practices. It's OSHA's longstanding policy that an employer's adherence to the recommendations of the most recent CDC guidelines on TB would meet the provisions of the general duty clause.

2. *How long do you need to keep your sharps injury log or incident log?*

a. Incident log - Offices of Physicians (NAICS code 6211 or 62111) are generally exempt from maintaining an OSHA 300 log, and by extension, a sharps injury log. If your practice falls under these partially exempt NAICS codes, or has 10 or less employees, you are generally **not required** to maintain a sharps injury log. My apologies for the incorrect information. I'll have to fix my presentation to reflect this. In the past, it's been confusing because OSHA has two separate recordkeeping requirements. 1) the general injury/illness recordkeeping (29 CFR 1904) and 2) the BBP standard (29 CFR 1910.1030). It hasn't been clear until recently that the relationship between the general injury/illness recordkeeping and the BBP recordkeeping can be applied by extension. That said, keeping a simple sharps injury log is still considered a best practice to support safety and demonstrate an effort of compliance. I'd recommend keeping these logs for 5 years.

3. *When disposing of unused needles, should they be deactivated and placed in a biohazrad sharps container? Can unused syringers be place in a regular trash can?*

    a. Yes. Uused, deactivated (rendered unusalbe) needles must still be disposed of in a sharps contianer. While they are not biohazardous if never used, they should be treated with the same caution as used needles by placing them in rigid, puncture-resistant containers.

    b. The assumption here is that this is the syringe only, with no needle attached. Generally, yes, an unused syringe without a needle can be placed in a regular trash can. It's recommended to remove the plunger first though to render it unusable. However, it's still considered best practice to dispose of the syringe in the sharps container.

Please let me know if you have any other questions or concerns. This group always has great questions and I end up learning more following each presentation.

I'll be distributing the certificates by the end of the week.

Thanks,

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